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#### 14. ABSTRACT

Humans are exposed to a large number of environmental chemicals which have estrogenic activity ("xenoestrogens") and therefore may raise breast cancer risk. This study is evaluating the association of total xenoestrogen burden with mammographic breast density, which is a strong intermediate marker of breast cancer risk. All study procedures and manuals of operation for this study are finalized, and IRB approval obtained. Subject recruitment is complete. Breast density measurements on all participants have been completed. Analysis of xenoestrogen levels in the blood samples is currently ongoing. Data analysis will ensue upon completion of the analysis of xenoestrogen levels in blood samples. Since no statistical analyses have been conducted, no scientific knowledge has been produced yet.

#### 15. SUBJECT TERMS

Breast cancer, xenoestrogens, environmental pollutants, mammography, breast density

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#### INTRODUCTION

Breast cancer risk increases with higher endogenous estrogen levels and with use of pharmaceutical estrogens. Humans are also exposed to a large number of environmental chemicals which have estrogenic activity ("xenoestrogens"). Previous studies have focused on the relation between single xenoestrogen chemicals and breast cancer risk, with little evidence to support an association. The recent development of an assay to measure the sum estrogenic activity of xenoestrogens in biological samples presents a novel opportunity to evaluate total xenoestrogen exposure in relation to breast cancer risk. This study will evaluate the association of total xenoestrogen burden with mammographic breast density, which is a strong intermediate marker of breast cancer risk. To accomplish this aim, 200 healthy postmenopausal women receiving their regularly scheduled screening mammogram at a clinic in Madison, Wisconsin, will provide a blood sample and complete a questionnaire regarding established breast cancer risk factors and potential sources of xenoestrogen exposure, including diet, occupation, and lifestyle factors. The blood samples will be analyzed for total serum xenoestrogen burden, and breast density will be measured from participants' mammograms as continuous percent density. Statistical analyses will be used to identify important predictors of total xenoestrogen burden and to measure the association between total xenoestrogen burden and breast density. This study will describe current xenoestrogen exposure levels, assess their relation to breast density, and provide direction to future studies of the potential health effects of these ubiquitous compounds.

#### **BODY**

The approved Statement of Work for this grant includes:

#### Task 1. Finalize procedures, Months 1-6:

a. Finalize manual of operations for blood collection, processing, and temporary storage

<u>Progress report</u>: All study procedures and manuals of operation for this study have been finalized.

#### b. Obtain IRB/Human Subjects and HIPAA regulatory approvals

<u>Progress report</u>: Final human subjects protection approval for this study was obtained February 18, 2008 from the University of Wisconsin Institutional Review Board.

## c. Pilot test questionnaire

<u>Progress report</u>: The study questionnaire was piloted and finalized in February 2008 (see Appendix).

#### d. Pilot E-Screen bioassay on 5-10 anonymous samples

<u>Progress report</u>: Anonymous blood samples were obtained from UW Hospital Clinics and used for piloting of the E-Screen bioassay. Use of these blood samples revealed quality control issues that have just recently (October 2009) been resolved.

# e. Pilot quantitative density measurement on 5-10 anonymous mammograms at Group Health (Seattle)

<u>Progress report</u>: Anonymous mammograms were delivered in November 2008 to collaborators at Group Health and used for piloting of the density measurement process.

# f. Finalize Microsoft Access database to track participant recruitment, questionnaires, blood samples, mammograms, and mammogram reports

<u>Progress report</u>: A Microsoft Access database was finalized in June 2008 to track participant recruitment, questionnaires, blood samples, mammograms, and mammogram reports.

#### Task 2. Recruit participants, Months 7-12:

# a. Recruitment of 200 women obtaining screening mammograms at the UW Health West-Madison Clinic

<u>Progress report</u>: In March of 2009 we completed recruitment of 200 subjects for the study. Recruitment took longer than anticipated due to delays in obtaining IRB approval and slow subject accrual during the recruitment period. The addition of a second study site in September 2008 enhanced the rate of subject accrual and allowed us to reach our goal.

# b. Obtain signed permission for release of radiology report corresponding to the screening mammogram from participants

Progress report: Signed permission has been obtained for all recruited subjects.

### c. Collect blood sample and questionnaire from participants at the Clinic

<u>Progress report</u>: Blood samples and questionnaires have been obtained for all recruited subjects.

## d. Implement questionnaire data entry and quality control measures

<u>Progress report</u>: Data entry from all questionnaires has been completed, with double-dataentry on a sample of questionnaires for quality control.

## e. Submit annual progress report to the DOD

<u>Progress report</u>: An annual progress report was submitted in 2008. This constitutes the second annual progress report.

# Task 3. Analyze blood samples and mammograms, Months 13-18:

a. Transport blood samples from Office of Clinical Trials to the Wisconsin State Laboratory of Hygiene (both located in Madison, WI)

<u>Progress report:</u> Blood samples for the recruited subjects have been transported to the WI State Laboratory of Hygiene.

## b. Perform E-Screen blood sample analysis for total xenoestrogen burden

<u>Progress report:</u> Assay validation and quality control delayed the start of these blood analyses. However, analyses of the blood samples are now ready to begin (October 2009).

c. Deliver mammogram copies from UW-Madison to Group Health (Seattle) for quantitative measurement

<u>Progress report:</u> All study mammograms have been delivered to Group Health.

d. Interpretation of mammograms for quantitative density measurements

<u>Progress report</u>: Quantitative density assessment has been completed on all study mammograms.

## Task 4. Data analysis and communication of results, Months 19-24:

- a. Conduct statistical analysis of potential sources of xenoestrogen exposure
- b. Conduct statistical analysis of relation between total xenoestrogen burden and mammographic density
- c. Prepare manuscripts and final report to the DOD

<u>Progress report</u>: No statistical analyses have been conducted yet. No publications have been prepared. These tasks will be conducted upon completion of the serum xenoestrogen analyses.

#### KEY RESEARCH ACCOMPLISHMENTS

- All study procedures finalized
- IRB approval obtained
- Recruitment completed
- Ouestionnaire data entered
- Mammographic breast density assessment completed

#### REPORTABLE OUTCOMES

- Poster presentation of the study design at the 2008 DOD Era of Hope Conference.<sup>1</sup>
- Funding has been obtained from the Susan Komen Foundation for an ancillary study of sex hormones and breast density. The Komen Foundation is providing funds to analyze sex hormone levels in the blood samples obtained in this study. The relation between sex hormone levels and mammographic breast density will be assessed.

#### **CONCLUSION**

All study procedures and manuals of operation for this study have been finalized. Final human subjects' protection approval for this study was obtained February 18, 2008 from the University of Wisconsin Institutional Review Board. In June 2008 we began recruitment of subjects for the study. Recruitment of 200 subjects was completed in March 2009. All questionnaire data has been entered and all quantitative breast density assessment has been completed. The analysis of xenoestrogen levels in the blood samples is set to begin in October 2009. Statistical data analysis of the study aims will ensue upon completion of the assessment of blood xenoestrogen levels. Since no analyses have been conducted, no scientific knowledge has been produced yet.

#### REFERENCES

1. Sprague BL, Trentham-Dietz A, Sisney GA, Hemming J, Buist DSM. Total xenoestrogen body burden in relation to mammographic breast density, a marker of breast cancer risk. Presented at "Era of Hope: the Department of Breast Cancer Research Program Meeting", June 25-28, 2008; Baltimore, MD.

#### **APPENDICES**

1. Study questionnaire (attached)

## **SUPPORTING DATA**

None

Total Xenoestrogen Body Burden in Relation to Mammographic Density, a Marker of Breast Cancer Risk



## Introduction:

This study looks at the connection between breast density, as seen from a mammogram, and the levels of environmental pollutants measured in the blood. Your assistance is very important to the success of the study. Your answers in this survey will give us information that may help us to better understand what factors in the environment are related to breast density. Your participation in this study is completely voluntary.

#### Instructions:

Please try to answer every question. However, you are free to skip any question if it makes you uncomfortable. Please take the time to read each question carefully, and check the box that best represents your response.

SECT	ION 1: DEMOGRAPHICS				
This f	irst section includes some general	l questio	ns.		
1.	What is today's date?	Month	/ / _ Date		
2.	What is your date of birth?	Month	/ / _ Date	_ <u></u> Year	
3.	What is your current employm	ent stat	us?		
	<ul> <li>☐ Homemaker</li> <li>☐ Working full-time → What is</li> <li>☐ Working part-time → What</li> <li>☐ Retired</li> <li>☐ Looking for work</li> <li>☐ Unable to work due to illness</li> <li>☐ Student, volunteer, or other ■</li> </ul>	is your jo s or disal	ob?		
4.	Are you Hispanic or Latina?				
	□ No □ Yes				
5.	How would you describe your	race? (I	Mark all th	nat apply)	
	<ul> <li>□ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Na</li> <li>□ Asian</li> <li>□ Native Hawaiian, or Pacific Is</li> <li>□ Other: Please describe-</li> </ul>				

ο.	VVII	at is the	nignes	t degree or year or school you have completed?			
	<ul> <li>□ None</li> <li>□ Grades 1-7 (some grade school)</li> <li>□ Grade 8 (completion of grade school)</li> <li>□ Grades 9-11 (some high school)</li> <li>□ Grade 12 (high school diploma, GED, or any high school equivalent)</li> <li>□ 1-3 years college (junior college)</li> <li>□ 4 years college (college degree)</li> <li>□ Advanced degree (M.A., Ph.D., M.D., J.D., etc.)</li> </ul>						
7.	What is your current marital status?						
	<ul> <li>☐ Married</li> <li>☐ Living with a partner</li> <li>☐ Divorced or separated</li> <li>☐ Widowed</li> <li>☐ Single (never married)</li> </ul>						
SECT	ION	2: REP	RODUC	TIVE AND MENSTRUAL HISTORY			
These	que	estions de	eal with	your reproductive and menstrual history.			
8.	How old were you when you had your first menstrual period?						
		years	old				
9.	Are	you stil	l havin	g periods?			
		Yes No <b>→</b>	9a.	If No, how old were you when your menstrual periods stopped?			
				years of age			
			9b.	Why did your menstrual periods stop?			
				<ul> <li>□ Natural menopause</li> <li>□ Use of birth control pills or female hormones</li> <li>□ Hysterectomy (removal of the uterus)</li> <li>□ Removal of one or both ovaries</li> <li>□ Other: Please describe-</li> </ul>			

10.	months, liv	e birth	ven birth? (Include all pregnancies that lasted at least 6 s, still births, or cesarean sections. Do not include abortions.)			
	□ No □ Yes <b>→</b>	10a.	If Yes, how old were you when you first gave birth?			
			years old			
		10b.	How many times have you given birth?			
		10c.	Did you breast feed any of your children?			
			□ No			
			Yes → 10d. If Yes, how long in total did you breast feed all of your children?			
			weeks months years			
SEC	TION 3: MED	ICATIO	ONS			
Belov	w are question	ns rega	rding medications you have taken.			
11.	Have you ever taken birth control pills?					
	□ No					
	☐ Yes •	11a.	If Yes, how long in total have you taken birth control pills?			
			weeks years			
		11b.	weeks years  How old were you when you <u>last</u> took birth control pills?			
		11b.	How old were you when you <u>last</u> took birth			
12.	Do you hav		How old were you when you <u>last</u> took birth control pills?			
12.	Do you hav	re diab	How old were you when you <u>last</u> took birth control pills? Years of age			
12.	□ No	re diab	How old were you when you <u>last</u> took birth control pills?  Years of age etes (high blood sugar)?			

		12b.	If Yes, how do you treat your diabetes (check all that apply)?
			☐ Special diet ☐ Medications by mouth ☐ Insulin injections ☐ Other: Please specify
SEC	TION 4: BRE	AST H	EALTH
This	section deals	with yo	ur breast health history.
13.	Before tod years?	ay, how	many mammograms have you had in the past five
	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or mor	e	
14.	Before tod	ay, whe	en was your last mammogram?
			_ (month) (year)
	☐ I have n	ever ha	d a mammogram before today
15.			ver removed tissue from your breast or done a biopsy lude removing fluid from a cyst using a needle)?
	□ No □ Yes <b>→</b>	15a.	If Yes, how many times has this occurred?
			times
		15b.	Which breast(s) were involved?
			<ul><li>☐ Both breasts</li><li>☐ Left only</li><li>☐ Right only</li></ul>

16.	Have you ever bee	en diagnosed with	breast cancer?
	□ No □ Yes		
17.	Have you ever had apply)	d any of the followi	ng breast procedures? (Check all that
	☐ Cyst aspiration☐ Lumpectomy (fo☐ Mastectomy☐ Radiation therap		<ul> <li>□ Breast reconstruction</li> <li>□ Breast reduction</li> <li>□ Breast implants</li> <li>□ I have not had any of these procedures</li> </ul>
18.	Have any of your	blood relatives bee	n diagnosed with breast cancer?
	☐ No ☐ Yes <b>→ 18a.</b> ☐ Don't know	If Yes, has your m	nother ever been diagnosed with breast
		☐ Yes ☐ No ☐ Don't know	
	18b.	Have any of your breast cancer?	sisters ever been diagnosed with
		☐ Yes ➡ How mar ☐ No ☐ Don't know ☐ I don't have any	ny sisters have been diagnosed?
	18c.	Have any of your breast cancer?	daughters ever been diagnosed with
		☐ Yes ➡ How man ☐ No ☐ Don't know ☐ I don't have any	ny daughters have been diagnosed? daughters

# **SECTION 5: PESTICIDES**

These questions deal with potential sources of exposure to pesticides on farms or around your house. Pesticides are not the same as fertilizers. Pesticides are used to kill unwanted pests, and include insecticides which kill insects, herbicides which kill weeds, and fungicides which kill molds.

19.	Are pestici	des us	ed to control pests (ants, for example) <u>inside your house</u> ?
	□ No □ Yes <b>➡</b>	19a.	If Yes, how often? times per year
20.	Do you <u>per</u>	sonally	apply pesticides to control pests inside your house?
	□ No □ Yes <b>→</b>	20a.	If Yes, how often? times per year
21.	Are pesticion gardens?	des us	ed to control pests (rodents, for example) in your <u>yard or</u>
	□ No □ Yes <b>→</b>	21a.	If Yes, how often? times per year
22.	Do you <u>per</u> gardens?	sonally	<u>v</u> apply pesticides to control pests in your <u>yard or</u>
	□ No □ Yes <b>→</b>	22a.	If Yes, how often? times per year
23.	Do you use	insec	t repellants on your skin, hair, or clothing?
	□ No □ Yes <b>➡</b>	23a.	If Yes, how often? times per year
24.	Have you e	ver live	ed on a farm?
	□ No □ Yes <b>➡</b>	24a.	If Yes, for how many years in total have you lived on a farm?
			years

		240.	insects, mo	•	this farm?
			□ No □ Yes <b>➡</b>	24c.	If Yes, did you personally apply pesticides to control pests?
					□ No □ Yes
25.	Have you e	ver <u>wo</u>	<u>rked</u> on a farı	m?	
	□ No □ Yes <b>→</b>	<b>25</b> a.	If Yes, for he worked on a		ny years in total have you ?
			years		
		25b.	Were pestic molds) on th		sed to control pests (weeds, insects, m?
			□ No □ Yes <b>➡</b>	25c.	If Yes, did you personally apply pesticides to control pests?
					□ No □ Yes
SECT	ION 6: DIET	AND L	IFESTYLE		
This s	ection deals	with you	ur diet, lifestyle	e, and	current health status.
26.	Do you take		/itamins, suc	h as O	ne-A-Day, Theragran, or Centrum-type
	□ No □ Yes <b>→</b>	26a.	If Yes, how	often?	times per week
27.	Do you take	miner	al suppleme	nts, su	ch as selenium, zinc, or manganese?
	□ No □ Yes <b>→</b>	27a.	If Yes, how	often?	times per week
		27b.	If Yes, which	h mine	erals?

28.	In the past year, have you taken fish oil supplements?
	<ul><li>☐ No</li><li>☐ Yes → 28a. If Yes, how often? times per month</li></ul>
29.	Do you drink bottled water?
	<ul><li>□ No</li><li>□ Yes → 29a. If Yes, how often? times per week</li></ul>
30.	On average, how often do you eat a serving of meat, including beef, chicken, lamb, or pork?
	<ul> <li>Never or less than once per month</li> <li>1-3 servings per month</li> <li>1 serving per week</li> <li>2-4 servings per week</li> <li>5-6 servings per week</li> <li>1 serving per day</li> <li>2-3 servings per day</li> <li>4 or more servings per day</li> </ul>
31.	On average, how often do you drink one 8 oz serving of cow's milk, including on cereal?
	<ul> <li>□ Never or less than once per month</li> <li>□ 1-3 servings per month</li> <li>□ 1 serving per week</li> <li>□ 2-4 servings per week</li> <li>□ 5-6 servings per week</li> <li>□ 1 serving per day</li> <li>□ 2-3 servings per day</li> <li>□ 4 or more servings per day</li> </ul>
32.	What type of cow's milk do you usually drink?
	☐ I do not usually drink any cow's milk ☐ Whole milk ☐ 2% ☐ 1% ☐ Skim or nonfat ☐ Milk directly from a farm

33.	Do you usually drink organic cow's milk?					
	<ul><li>☐ No, I do not usually drink organic cow's milk</li><li>☐ Yes, I usually drink organic cow's milk</li></ul>					
34.	On average, how often do you eat a serving of soy products (tofu, soy milk, etc.)?					
	<ul> <li>Never or less than once per month</li> <li>□ 1-3 servings per month</li> <li>□ 1 serving per week</li> <li>□ 2-4 servings per week</li> <li>□ 5-6 servings per week</li> <li>□ 1 serving per day</li> <li>□ 2-3 servings per day</li> <li>□ 4 or more servings per day</li> </ul>					
35.	On average, how often do you eat a serving of store-bought fish?					
	<ul> <li>□ Never or less than once per month</li> <li>□ 1-3 servings per month</li> <li>□ 1 serving per week</li> <li>□ 2-4 servings per week</li> <li>□ 5-6 servings per week</li> <li>□ 1 serving per day</li> <li>□ 2-3 servings per day</li> <li>□ 4 or more servings per day</li> </ul>					
36. In the past year, did you ever eat sport-caught fish, that is, caught by or given to you? (This usually does not include fish that you buy at or restaurant.)						
	<ul><li>□ No</li><li>□ Yes → 36a. If Yes, How often did you eat sport-caught fish?</li></ul>					
	☐ Less than once per month ☐ 1-3 servings per month ☐ 1 serving per week ☐ 2-4 servings per week ☐ 5-6 servings per week ☐ 1 serving per day ☐ 2 or more servings per day					

	36b.	Was any of this sport-caught fish from the Great Lakes? (Including Lakes Michigan, Huron, Erie, Superior and Ontario plus mouths of rivers feeding into the lakes. Please also include Green Bay and other parts of the lakes that have separate names.)
		□ No □ Yes
	36c.	In the past year, how often did you eat lake trout and salmon (Chinook or Coho) that was sport-caught from the Great Lakes?
		☐ Less than once per month ☐ 1-3 servings per month ☐ 1 serving per week ☐ 2-4 servings per week ☐ 5-6 servings per week ☐ 1 serving per day ☐ 2 or more servings per day
37.	Do you microwav	e food or beverages in plastic containers?
	<ul><li>□ No</li><li>□ Yes → 37a.</li></ul>	If Yes, how often? times per week
		times per month
38.	In the winter, how week?	many hours on average do you spend outdoors each
	hours per w	eek
39.	In the summer, howevek?	ow many hours on average do you spend outdoors each
	hours per w	eek
40.	In the summer, wi sunscreen?	hen you are outside during the day, how often do you use
	☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never	

41.	Do you use underarm deodorants or antiperspirants?			
	☐ No ☐ Yes ➡ 41a. If Yes, how often? times per day times per week			
	41b. If Yes, how often do you use underarm deodorants or antiperspirants within 1 hour after underarm shaving?			
	times per week			
	41c. Please list which products you use as underarm deodorants or antiperspirants:			
42.	How many hours on average do you spend each week doing physically vigorous activities that cause large increases in heart rate or breathing? For example: lifting or carrying heavy objects (such as small children or bags), heavy gardening/field work, climbing stairs, participating in sports activities, jogging, fast swimming, or cycling uphill.			
	hours per week			
43.	How many hours on average do you spend each week doing physically moderate activities that cause small increases in heart rate or breathing? For example: fast walking, cycling without going uphill, cleaning windows, mopping, vacuum-cleaning, moderate gardening, light gym, leisurely swimming.			
	hours per week			
44.	How often, on average, do you drink one 12 oz bottle, glass, or can of beer?			
	<ul> <li>Never or less than once per month</li> <li>1-3 servings per month</li> <li>1 serving per week</li> <li>2-4 servings per week</li> <li>5-6 servings per week</li> <li>1 serving per day</li> <li>2 or more servings per day</li> </ul>			

43.	now often, on average, do you drink a 5 oz glass of wife?				
	<ul> <li>Never or less tha</li> <li>1-3 servings per</li> <li>1 serving per wee</li> <li>2-4 servings per</li> <li>5-6 servings per</li> <li>1 serving per day</li> <li>2 or more serving</li> </ul>	month ek week week	th		
46.	. How often, on average, do you have a drink containing a shot of lique				?
	<ul> <li>□ Never or less than once per month</li> <li>□ 1-3 servings per month</li> <li>□ 1 serving per week</li> <li>□ 2-4 servings per week</li> <li>□ 5-6 servings per week</li> <li>□ 1 serving per day</li> <li>□ 2 or more servings per day</li> </ul>				
47.	What is your curre	nt height?	feet	inches	
48.	What is your curre	nt weight?	pounds		
49.	What was your weight 1 year ago? pounds				
50.	What was your weight at age 18? pounds				
51.	Have you smoked at least 100 cigarettes in your entire life?				
		If Yes, how old cigarettes?	I were you whe	n you started smoking	
	51b.	Do you curren	tly smoke ciga	rettes?	
			Ib. If No, how on the copped smoking	old were you when you g?	
		_	years		

		51c.	On average, over the entire time you smoked, how many cigarettes or packs of cigarettes did you smoke a day?		
			cigarettes packs		
52.	Do you currently live with someone (for example, husband) that smokes cigarettes in your home?				
	□ No □ Yes ■	<b>∮</b> 52a.	If Yes, how many cigarettes or packs of cigarettes do they smoke per day?		
			cigarettes packs		
53.	In genera  ☐ Excel ☐ Very ☐ Good ☐ Fair ☐ Poor	llent Good	you say your health <u>now</u> is: (please check one)		
54.	Please er	nter your	zip code and county of residence:		
	Zip	code	- — — —		
	Co	unty			
55.	Please pr	rovide yo ises in th	more about the environment in different communities. Our full street address to help us do this. We can then link the state which provide information on air pollution and that factors.		
Street	Address:				
56. H	ow long h	ave you	lived at this address? years		

Thank you very much for taking the time to complete this survey. Studies such this one may help to better understand the relation between environmental pollutants and breast health in Wisconsin women.	as
☐ Check this box and provide your address above if you would like to learn about the research findings from this study. Individual study results will not be shared with study subjects because they are of no clinical relevance.	
Please tell us any general comments you may have regarding this survey.	